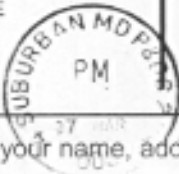


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<p>A. Signature x <i>April Love</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
		B. Received by (Printed Name) <i>April Love</i>	C. Date of Delivery <i>3-6-03</i>
1. Article Addressed to: STANLEY O SHER ESQUIRE SHER & BLACKWELL LLP 1850 M ST NW STE 900 WASHINGTON DC 20036		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7001 2510 0002 1075 8474	
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M-1035	

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

ATTN DAVID W. SKEEN, ESQ.  
WRIGHT, CONSTABLE & SKEEN, L.L.P.  
ONE CHARLES CENTER, 16TH FLOOR  
100 NORTH CHARLES STREET  
BALTIMORE, MD 21201-3812

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